

**NOTICE OF PRODUCER APPOINTMENT (Multiple Insurers)**

Appointment Fee: \$30.00 (per Insurer)

For additional information, please visit: **www.aldoi.gov**

Mail to: Alabama Department of Insurance  
P. O. Box 830704  
Montgomery, Alabama 35283-0704

Indicate amount enclosed: \$ \_\_\_\_\_

Payment must be in the form of a company check and should be made payable to the Alabama Department of Insurance. **Personal checks and money orders will not be accepted.**

Please complete and return this form and the total amount due to the address above within 15 days from the date of appointment, which is either the date the agency contract was executed or the date the first insurance application was submitted, which ever occurs first. Please indicate the appointment date here: \_\_\_\_\_

If you fail to indicate a date, the date processed will become the date of appointment.

Please indicate below the full name, National Producer Number or FEIN, and Alabama license number for the producer.

PRODUCER

NAME: \_\_\_\_\_

NATIONAL

PRODUCER # or FEIN: \_\_\_\_\_

ALABAMA

PRODUCER LICENSE #: \_\_\_\_\_

In the grid below, indicate the insurance company's NAIC number, lines of authority, and insurance company name for each insurer appointing this producer.

Company NAIC No.	Life	Accident & Health or Sickness (Disability)	Variable Life and Variable Annuities	Property	Casualty	Personal Lines	Automobile	Industrial (Debit) Fire	Credit	Rental Vehicle	Legal Services	Dental Services	Motor Club	Bail Bond
#														
Company Name														
#														
Company Name														
#														
Company Name														
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Company Name														
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Company Name														

The above-named insurers hereby provide notice that the individual identified above has been appointed to represent said insurers for the lines of authority indicated above. We have investigated the character and background of this individual and are satisfied the individual is trustworthy and qualified to act as our producer, and we endorse the individual as being of good business standing and character. We are familiar with the federal law (18 USC § 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance. We understand it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance.

Our investigation consisted of the following:

Mark ☒ as applicable.  
(DO NOT LEAVE BLANK)

☐ Personal Interview

☐ Background Investigation (by insurer)

☐ Employment Application

☐ Background Investigation (by outside firm)

☐ Consumer Credit Report

☐ Other (Please describe) \_\_\_\_\_

\_\_\_\_\_  
signature of authorized company official

\_\_\_\_\_  
typed name of authorized company official

\_\_\_\_\_  
address

\_\_\_\_\_  
city/state/zip

\_\_\_\_\_  
telephone no.

\_\_\_\_\_  
fax no.